



CANNON BUILDING  
861 SILVER LAKE BLVD., SUITE 203  
DOVER, DELAWARE 19904-2467

STATE OF DELAWARE  
REAL ESTATE COMMISSION

TELEPHONE: (302) 744-4500  
FAX: (302) 739-2711  
WEBSITE: [DPR.DELAWARE.GOV](http://DPR.DELAWARE.GOV)  
EMAIL: [customerservice.dpr@state.de.us](mailto:customerservice.dpr@state.de.us)

## APPLICATION FOR ADDITIONAL REAL ESTATE LICENSE INSTRUCTIONS

### When to File

Complete this application if you are already hold a Delaware Real Estate license and are applying for **an additional license**. Examples of situations in which you would file for an additional license include:

- You hold a Broker license for an office and wish to become broker of record for an **additional** office. The additional office may be with the same or a different company.
- You hold a Broker license for an office and wish to become an Associate Broker for an **additional** office with a different company.
- You hold an Associate Broker license and are applying to become an Associate Broker or Broker for another company.
- You hold a Salesperson license and are applying to become a Salesperson for another company.

### Requirements

- ☐ Submit a **separate** completed, signed and notarized [Application for Additional Real Estate License](#) form for **each** additional license that you need.
- ☐ Enclose the non-refundable [processing fee](#), by check or money order made payable to "State of Delaware," for **each** additional license that you need. You may combine the fees for multiple licenses in one payment.
- ☐ If the additional office where you will be working is outside Delaware, arrange for the Commission office to receive a current Certificate of Licensure History sent *directly* to the Commission office from the jurisdiction (state, U.S. territory or District of Columbia) where your office is located.
- ☐ If you are applying for an additional Salesperson or Associate Broker license for a company with which you are not already affiliated, arrange for all Brokers of Record with whom you are affiliated to sign the *Statement of Brokers of Record* in the **OFFICE INFORMATION** section.
- ☐ If you are applying for an additional Broker license for an office **not** affiliated with a company with which you are already currently affiliated, arrange for officials from **all** companies with which you are affiliated to sign the *Statement of Affiliated Companies* in the **OFFICE INFORMATION** section.
- ☐ If you have never been issued a U.S. Social Security Number (SSN), submit a [Request for Exemption from Social Security Number Requirement](#).

*The Privacy Act of 1974, Section 7, requires the following information to be given to all applicants:* Applicants for any Delaware professional or occupational license, permit, registration or certificate (other than Gaming permits) are required to provide a U.S. SSN (29 Del. C. §8735(m)). The Division of Professional Regulation uses the SSN primarily to verify identity and safeguard personal information. It may also be used to enforce child support obligation (13 Del. C. §2216) and for other lawful purposes.



CANNON BUILDING  
861 SILVER LAKE BLVD., SUITE 203  
DOVER, DELAWARE 19904-2467

STATE OF DELAWARE  
**REAL ESTATE COMMISSION**

TELEPHONE: (302) 744-4500  
FAX: (302) 739-2711  
WEBSITE: [DPR.DELAWARE.GOV](http://DPR.DELAWARE.GOV)  
EMAIL: [customerservice.dpr@state.de.us](mailto:customerservice.dpr@state.de.us)

**APPLICATION FOR ADDITIONAL REAL ESTATE LICENSE**

**TYPE OF APPLICATION**

1. Enter your Delaware Real Estate license number(s): R \_\_ - \_\_\_\_\_ R \_\_ - \_\_\_\_\_ R \_\_ - \_\_\_\_\_
2. Select the type of additional license that you are applying for (check one):
  - ☐ **Broker** – I will be primarily responsible for the day-to-day management and supervision of an additional brokerage organization.
  - ☐ New Delaware Office – I will be responsible for a new real estate office located in Delaware. **Submit an [Application for Real Estate Office Permit](#) for the office in addition to this application.**
  - ☐ Established Delaware Office – I will be responsible for an established real estate office located in Delaware. Enter the office's Delaware permit number: R \_\_ - \_\_\_\_\_ **Submit a letter from the office's current Broker naming you as the replacement Broker or a letter explaining why you cannot obtain a letter from the current Broker.**
  - ☐ Office in Other Jurisdiction – I am responsible for a real estate office located outside Delaware.
  - ☐ **Associate Broker** – I will be working for an additional company but I will **not** be responsible for its day-to-day management and supervision of an office.
  - ☐ **Salesperson** – I will be working for an additional brokerage organization.

**IDENTIFYING AND CONTACT INFORMATION**

3. Full Name: \_\_\_\_\_  
Last First Middle
4. Other Names Used: None ☐ \_\_\_\_\_  
(Include maiden, prior married, alternate spellings)
5. Date of Birth (month/day/year): \_\_\_\_\_ Gender: Male ☐ Female ☐
6. Do you have a U.S. Social Security Number? Yes ☐ No ☐ **If yes, enter SSN: \_\_\_\_\_ If no, you must submit a [Request for Exemption from Social Security Number Requirement](#).**
7. **Personal** Mailing Address: \_\_\_\_\_  
We will mail correspondence other than your license to this address. We will send your license to the office address  
\_\_\_\_\_  
City State Zip
8. Phone: \_\_\_\_\_ Email: \_\_\_\_\_ ☐ None

## OFFICE INFORMATION

9. Enter the following information about the additional real estate office where you will be working:

Business Name: \_\_\_\_\_

Office Address: \_\_\_\_\_  
We will send your license to this address and all other correspondence to the personal mailing or email address in Question 7.

City

State

Zip

**If this office is not located in Delaware, arrange for the Commission office to receive a current Certificate of Licensure History sent *directly* to the Commission office from the jurisdiction where the office is located.**

10. Are you are applying for an additional *Associate Broker* or *Salesperson* license? Yes ☐ No ☐

- **If no, skip to Question 11 in the BROKER OF RECORD section.**
- **If yes, enter the names and license numbers of *all* brokers of record with whom you are currently affiliated. If you need more room, enclose a separate sheet.**

BROKER NAME	BROKER LICENSE NUMBER	OFFICE LOCATION

**Arrange for the broker of record for the office in Question 9 to complete and sign the *Employing Broker* section of the following statement and for each current broker listed above to co-sign as *Current Broker*. If you are affiliated with more than four current brokers, copy the statement and have the employing broker and *each* additional current broker sign it. Then, skip to the DISCLOSURES section.**

### STATEMENT OF BROKERS OF RECORD

*All brokers of record with whom you will be affiliated must complete and sign this form*

#### **Statement of Employing Broker of Record**

I certify that the licensee named above has notified me of the other brokers with whom he or she is affiliated, that the licensee will become affiliated with me when he or she is granted an additional license and that I approve this arrangement.

**Signature of Employing Broker:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Printed Name of Employing Broker:** \_\_\_\_\_ **Broker's DE License: RB -** \_\_\_\_\_

**Agency Name:** \_\_\_\_\_ **E-mail:** \_\_\_\_\_

#### **Statement of Current Broker of Record**

I certify that the licensee named above has notified me in writing that he or she intends to affiliate with the broker named above when he or she is granted an additional license and that I approve this arrangement.

**Signature of Current Broker:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Printed Name of Current Broker:** \_\_\_\_\_ **Broker's DE License: RB-** \_\_\_\_\_

#### **Statement of Current Broker of Record**

I certify that the licensee named above has notified me in writing that he or she intends to affiliate with the broker named above when he or she is granted an additional license and that I approve this arrangement.

**Signature of Current Broker:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Printed Name of Current Broker:** \_\_\_\_\_ **Broker's DE License: RB-** \_\_\_\_\_

#### **Statement of Current Broker of Record**

I certify that the licensee named above has notified me in writing that he or she intends to affiliate with the broker named above when he or she is granted an additional license and that I approve this arrangement.

**Signature of Current Broker:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Printed Name of Current Broker:** \_\_\_\_\_ **Broker's DE License: RB-** \_\_\_\_\_

**BROKER OF RECORD – Only applicants for an additional Broker license (as broker of record) complete this section.**

11. I certify that I am responsible for the day-to-day management and supervision of the additional office named in the **OFFICE INFORMATION** section as required by [24 Del. C. § 2907\(d\)](#). Yes ☐ No ☐
12. Have you complied with, and will you continue to comply with, the escrow account provisions as required by [24 Del. C. §2923\(a\)](#) and in Section 6.0 of the Commission's [Rules and Regulations](#)? Yes ☐ No ☐
13. Is the office named in Question 9 of the **OFFICE INFORMATION** section affiliated with a company with which you are currently already affiliated as a broker of record? Yes ☐ No ☐
- If yes, skip to the **DISCLOSURES** section.
  - If no, enter the following about *all* companies with which you are currently affiliated as a broker of record. If you need more room, enclose a separate sheet.

COMPANY NAME	OFFICE LOCATION

Arrange for an official from the company with which the additional office is affiliated to complete and sign the **Additional Company** section of the following statement and for an official of each company listed above to co-sign as **Current Company**.

**STATEMENT OF AFFILIATED COMPANIES**

*Officials of all companies with whom you will be affiliated must complete and sign this form*

**Statement of Additional Company**

I certify that the licensee named above has notified me of the other companies with whom he or she is affiliated, that he or she will become affiliated with the company I represent when granted an additional license and that the company approves this arrangement.

**Signature of Company Representative:** \_\_\_\_\_ Date: \_\_\_\_\_

Printed Name of Representative: \_\_\_\_\_

Company Name: \_\_\_\_\_ Email: \_\_\_\_\_

**Statement of Current Company**

I certify that the licensee named above has notified me in writing that he or she intends to affiliate with the company named above when he or she is granted an additional license and that my company approves this arrangement.

**Signature of Company Representative:** \_\_\_\_\_ Date: \_\_\_\_\_

Printed Name of Representative: \_\_\_\_\_

Company Name: \_\_\_\_\_

**Statement of Current Company**

I certify that the licensee named above has notified me in writing that he or she intends to affiliate with the company named above when he or she is granted an additional license and that my company approves this arrangement.

**Signature of Company Representative:** \_\_\_\_\_ Date: \_\_\_\_\_

Printed Name of Representative: \_\_\_\_\_

Company Name: \_\_\_\_\_

**Statement of Current Company**

I certify that the licensee named above has notified me in writing that he or she intends to affiliate with the company named above when he or she is granted an additional license and that my company approves this arrangement.

**Signature of Company Representative:** \_\_\_\_\_ Date: \_\_\_\_\_

Printed Name of Representative: \_\_\_\_\_

Company Name: \_\_\_\_\_

## DISCLOSURES

14. Have you ever been convicted of or entered a plea of guilty or *nolo contendere* (no contest) to any felony, misdemeanor or other criminal offense, including any offense for which you have received a pardon, in any jurisdiction? Yes ☐ No ☐ **If yes, submit a complete explanation and a certified copy of your criminal history record from any jurisdiction in which you have been convicted or pardoned. For information on obtaining a Delaware criminal history record, see [State Bureau Of Identification](#).**
15. Are any criminal charges pending against you? Yes ☐ No ☐ **If yes, enclose a complete explanation and any documentation related to the charges. The information should be in sufficient specificity to enable the Commission to make a determination whether the charge is substantially related to the practice of real estate.**
16. Have you received any administrative penalties (disciplines), including but not limited to fines, formal reprimands, license suspension or revocation, and probationary limitations? Yes ☐ No ☐ **If yes, arrange for the jurisdictions to send information about the disciplinary action directly to the Commission office.**
17. Have you entered into a consent agreement that places conditions on your professional conduct or practice, including any voluntary surrender of license? Yes ☐ No ☐ **If yes, arrange for the jurisdictions to send information about the disciplinary action directly to the Commission office.**
18. Are any disciplinary proceedings or unresolved complaints concerning your practice of real estate pending against you at present? Yes ☐ No ☐ **If yes, arrange for the jurisdictions to send information about the disciplinary action directly to the Commission office.**
19. Do you have any impairment related to drugs or alcohol that would limit your ability to undertake the practice of real estate in a manner consistent with the safety of a patient or the public? Yes ☐ No ☐ **If yes, submit a letter explaining fully. Include copies of all appropriate records.**

## AFFIDAVIT

I certify that the information in this request is complete and true. I understand that the intentional inclusion of false or fraudulent information in this request, or the material omission of information which might have a bearing on licensure, may result in the denial of licensure and will be reported to the Attorney General for further action.

If I am applying for licensure in an office located outside of Delaware, I give irrevocable consent that legal action may be commenced against me in the proper court of any county of the State of Delaware as required by Chapter 29, Title 24, Section 2909 of *The Delaware Code*.

**Signature of Applicant:** \_\_\_\_\_ **Date:** \_\_\_\_\_

City of \_\_\_\_\_ County of \_\_\_\_\_

Sworn to before me and subscribed in my presence this \_\_\_\_\_ day of \_\_\_\_\_, 2\_\_\_\_.

Notary Signature: \_\_\_\_\_

SEAL

My commission expires: \_\_\_\_\_

**APPLICATIONS THAT ARE UNSIGNED, NOT NOTARIZED, INCOMPLETE OR NOT ACCOMPANIED BY THE REQUIRED FEE WILL BE REJECTED.**